

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4148

FILED MAY 1 1962

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 Rev. 4/59  
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>3 days</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY		c. CITY OR TOWN <i>GREENFIELD</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke's Hosp</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>FLOYD</i> Middle <i>W.</i> Last <i>WILTON</i>						4. DATE OF DEATH Month <i>APR</i> Day <i>21</i> Year <i>'62</i>					
5. SEX <i>MALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6-8-1909</i>		9. AGE (last birthday) <i>52</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MERCHANT-REPAIRMAN</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>RADIO-T-V</i>		11. BIRTHPLACE (City and state or country) <i>EAST ST LOUIS ILL</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A</i>			
13a. FATHER'S NAME <i>OTIS WILTON</i>				13b. MOTHER'S MAIDEN NAME <i>MAE WAGGONER</i>				14. NAME OF HUSBAND OR WIFE <i>HELEN</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WW II</i>				16. SOCIAL SECURITY NO.		17. INFORMANT <i>HELEN WILTON GREENFIELD, ILL</i> Address					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i>										INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										<i>420.0</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from <i>4/18/62</i> <i>6:20 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____ and last saw her/him alive on <i>4/21/62</i>											
22a. SIGNATURE <i>Robert Pania M.D.</i>						22b. ADDRESS <i>3720 Washington, St Louis</i>			22c. DATE SIGNED <i>4/22/62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		23e. STATE			
<i>Burial</i>		<i>4-24-62</i>		<i>OAKWOOD</i>		<i>GREENFIELD Illinois</i>					
24. FUNERAL DIRECTOR <i>Russell Shields GREENFIELD ILL</i>				25. DATE RECD. BY LOCAL REG. <i>APR 21 1962</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>					

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James J. Grandone

Licensed Embalmer No. 7586

P. O. Address Alton Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.